Application for Employment

Equal Opportunity Employer

Aplicación De Empleo

Empleador de Iguales Oportunidades

Send to JTWimsatt

J.T. WIMSATT IS PROUD TO OFFER A DRUG-FREE WORKPLACE. ALL APPLICANTS ARE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN.

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Personal Information/*Información Personal*

Date/*Fecha*

Name/Nombre

_____

Last/*Appellido* First/*Primer Nombre* Middle/*Segundo Nombre*

Email Address _____-_____-_____

Present Address/*Dirección*

_____

Street/*Calle* City/*Ciudad* State/*Estado* Zip/*Código Postal*

Phone Number/Teléfono

Home/*Hogar* (_____)_____

Work/*Trabajo* (_____)_____

Cell/*Celular* (_____)_____

How did you learn of this opening?
¿Cómo escucho de esta posición?

List relatives/friends who work for J.T. WIMSATT.
Anote los parientes /amigos que trabajan para J.T. WIMSATT.

Have you ever applied to, or been employed by J.T. WIMSATT? If yes, give date of application/employment.
¿Ha aplicado anteriormente, o fue empleado por cualquier localidad de J.T. WIMSATT? Si respondió sí, de la fecha de la aplicación o empleo.

Can you perform the essential functions of this job with or without reasonable accommodation? YES ☐ NO ☐
¿Puede realizar las funciones esenciales de este trabajo con o sín un alojamiento razonable? SI NO

If accommodation were needed, what would that be?
¿Si necesita un alojamiento, cual seria?

Are you 18 years of age or older? YES ☐ NO ☐
¿Tiene 18 años de edad o más? SI NO

If hired, can you submit certification of your legal right to work in the U.S.?
¿Si es contratado, puede certificar su derecho legal para trabajar en Los EE.UU.?

Employment Desired/*Empleo que Desea*

Position Desired/*Posición que Desea*	Salary Desired/*Salario que Desea*	Date Available to Start/ *Fecha Disponible para Comenzar*	Type of Employment/*Tipo de Empleo*
			____Full-time/*Tiempo Completo* ____Part-time/*Medio Tiempo* ____Summer/*Verano* ____Intern/*Interno*

Felony/Misdemeanor Convictions

Un Crimen Grave/ Convicciones de Delito Mayor

NOTE: A criminal conviction, deferred prosecution/adjudication, probation, court supervision, found or plead guilty to a criminal charge, or pending charge will not necessarily disqualify an applicant from employment. The date of conviction, nature of crime and other relevant factors will be considered in making the employment decision.

NOTA: Una convicción criminal, un juicio diferido / la sentencia, la libertad condicional, la supervisión tribunal, haber sido procesado culpable de un cargo criminal, o un cargo pendiente no descalificará necesariamente a un solicitante del empleo. La fecha de la convicción, la naturaleza del crimen y otros factores pertinentes seran consideradas al hacer la decisión del empleo.

Have you ever been convicted, received deferred prosecution/adjudication, probation, court supervision, or been found/plead guilty to a criminal charge (felony or misdemeanor)? YES ☐ NO ☐

¿Ha sido condenado, ha recibido un juicio diferido / la sentencia de libertad condicional, la supervisión tribunal, o se encuentra / implora culpable de un cargo criminal (crimen grave o delito mayor)? SI NO

If yes, state nature of the crime(s), location/jurisdiction, and disposition of the case (attach separate sheet if necessary):
Si respondió sí, anote la naturaleza del crimen(es), la ubicación / la jurisdicción, y la disposición del caso (adjunte una hoja separada si es necesario):

_____

Driver's License ***Licencia del Conductor***	The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes. If assigned a company vehicle, you will be subject to periodic MVR checks. *La siguiente sección se debe completar si usted solicita una posición que requiere la operación de un vehículo automotriz, arrendado por la compañía, o si usted debe usar su propio vehículo para propósitos de la compañía. Si es asignado a un vehículo de la compañía, usted será sometido a una revisión periódicamente del Departamento de vehículos.*

Driver's License Number:_____ State Issued:_____ Exp Date:_____
Número de Licencia *Estado* *Fecha de Vencimiento*

Has your driver's license ever been suspended or revoked for any reason? YES ☐ NO ☐
¿Tiene o ha tenido su licencia suspendída o revocada por alguna razón? *SI* *NO*

If yes, Please give date and reason:_____
Si respondió sí, de por favor la fecha y la razón

Have you been involved in a vehicle accident of any type within the last 5 years? YES ☐ NO ☐
¿Ha sido implicado en un acidente de vehículo de cualquier tipo dentro de los últimos 5 años? *SI* *NO*

If yes, give date(s), the nature and severity of the accident(s). _____
Si respondió sí, de la fecha(s), la naturaleza y la severidad del accidente(s)

If you have been convicted of driving while intoxicated or under the influence, please explain:_____
Si usted ha sido condenado de un delito de conducir bajo la influencia o mientras ebrio, explique por favor:

List traffic citations you have received during the last 5 years preceding date of this application, and state the disposition of each, such as "dismissed", "paid fine", "defensive driving", etc.
Anote las violaciones de tráfico que usted ha recibido durante los últimos 5 años que preceden la fecha de esta aplicación, y anote la disposición de cada, "multa pagada", "sin culpa", "clase de manejo defensivo", etc.

DATE/FECHA	TYPE /*TIPO*	DISPOSITION/*DISPOSICION*

Education/ *Educación*

	Name and Location *Nombre y Localidad*	Course/Major Curso / Mayor	Years Attended *Años de Asistencia*	Degree or Diploma Received *Certificado o Licencia Recibida*
High School *Preparatoria*			N/A	
College *Colegio*				
Technical/ Business School *Escuela Téchnica o de Negocio*				
Professional Credentials or Certifications *Credenciales o Certificados*				

Skills/ *Habilidades*

List any skills you have that are relevant to the job for which you are applying:
Liste cualquier habilidad que usted tiene que pertenece al trabajo para el cual usted aplica:

_____

_____

Professional License Held: _____ State_____ Number_____
Licencia Profesional Obtenida *Estado* *Número*

Employment History ***Historia de Empleo***	**This section must be completed**: List below all present and past employment starting with your most recent employer (last ten years). Account for all periods of unemployment. You must complete this section even if attaching resume. Attach an additional sheet if necessary. *Debe completar esta sección: Anote todo empleo presente y pasado comensando con su empleo más reciente (durante los últimos diez años). Justifique todos los períodos de desempleo. Usted debe completar esta sección aunque entrege un resumen. Adjunte una hoja adicional si es necesario.*

ARE YOU CURRENTLY EMPLOYED? **YES** ☐ **NO** ☐
¿ ACTUALMENTE TIENE EMPLEO? ***SI*** ***NO***

1.	*Company/*Compañía	Job Title/Position/ *Título del Puesto/Posición*	Salary/wage *Salario / sueldo*	Dates of Employment *Fecha de Empleo* From (mo/yr) *De* To (mo/yr) *A*
	Address/*Dirección*	Supervisor/*Supervisor*	Phone/*Teléfono*	
	Description of Duties (indicate responsibilities, accomplishments and contributions) *Descripción de Deberes (indique responsabilidades, logros y contribuciones)*			Reason For Leaving *Motivo por su Salida*
	May we contact this employer? ☐ YES ☐ NO *¿Nos permite comunicarnos con este empleador?* *SI* *NO*			
2.	*Company/*Compañía	Job Title/Position/ *Título del Puesto/Posición*	Salary/wage *Salario/sueldo*	Dates of Employment *Fecha de Empleo* From (mo/yr) *De* To (mo/yr) *A*
	Address/*Dirección*	Supervisor/*Supervisor*	Phone/*Teléfono*	
	Description of Duties (indicate responsibilities, accomplishments and contributions) *Descripción de Deberes (indique responsabilidades, logros y contribuciones)*			Reason For Leaving *Motivo por su Salida*
3.	*Company/*Compañía	Job Title/Position/ *Título del Puesto/Posición*	Salary/wage *Salario/sueldo*	Dates of Employment *Fecha de Empleo* From (mo/yr) *De* To (mo/yr) *A*
	Address/*Dirección*	Supervisor/*Supervisor*	Phone/*Teléfono*	
	Description of Duties (indicate responsibilities, accomplishments and contributions) *Descripción de Deberes (indique responsabilidades, logros y contribuciones)*			Reason For Leaving *Motivo por su Salida*
4.	*Company/*Compañía	Job Title/Position/ *Título del Puesto/Posición*	Salary/wage *Salario/sueldo*	Dates of Employment *Fecha de Empleo* From (mo/yr) *De* To (mo/yr) *A*
	Address/*Dirección*	Supervisor/*Supervisor*	Phone/*Teléfono*	
	Description of Duties (indicate responsibilities, accomplishments and contributions) *Descripción de Deberes (indique responsabilidades, logros y contribuciones)*			Reason For Leaving *Motivo por su Salida*

Please explain all periods of unemployment:
Explique por favor todos períodos de desempleo:

Professional References/ *Referencias Profesionales*			
1.	Name/*Nombre*		Company/Address *Compañía/ Dirección*
	Business Relationship/*Relación de Negocio*	Phone*/ Teléfono*	Years Known/ *Años Conocidos*
2.	Name/*Nombre*		Company/Address *Compañía/ Dirección*
	Business Relationship/*Relación de Negocio*	Phone*/ Teléfono*	Years Known/ *Años Conocidos*
3.	Name/*Nombre*		Company/Address *Compañía/ Dirección*
	Business Relationship/*Relación de Negocio*	Phone*/ Teléfono*	Years Known/ *Años Conocidos*

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment I also understand than an incomplete or unsigned application will not be considered. I authorize investigation of statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. Unless the job I am applying for is covered by a collective bargaining agreement, I understand that, if hired, the employer follows an "employment at will" policy, in that I, or the employer, may terminate my employment at any time with or without cause. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization (J.T. WIMSATT). I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand that my employment is conditional based on successfully passing a drug screen and physical examination.

Certifico que el contenido de esta aplicación es verdad y completa al mejor de mi conocimiento y entiendo que cualquier omisión o falsificación será causa suficiente para el despedido o para negar empleo. Entiendo también que una aplicación incompleta o sin firma no se considerára. Autorizo la investigación de declaraciones contenidas en esta aplicación y las referencias anotadas anteriormente cualquier y toda información con respecto a mi empleo previo y cualquier información pertinente que ellos pueden tener, y para poder liberar todos partidos de toda responsabilidad por cualquier daño que puede resultar de proporciono lo mismo a usted. A*l* menos que el trabajo que estoy solicitando sea cubierto por un acuerdo de negociación colectiva, e*ntiendo, si empleado, el empleador sigue "el empleo a voluntad" como norma, en que yo o el empleador podemos terminar mi empleo a cualquier momento, con o sín causa. Este "empleo a voluntad" como norma no se puede cambiar verbalmente ni por escrito, a menos que el cambio sea autorizado específicamente por escrito de el Presidenta de esta organización (J.T. WIMSATT). Entiendo que La Ley Federal prohíbe el empleo de extranjeros no autorizados; todas personas empleadas deben someter la prueba satisfactoria de la autorización del empleo y la identificación; falta de someter tal prueba tendrá como resultado el rechazo del empleo. Yo entiendo que mi empleo es condicional basado en el resultado exitoso de mi prueba de drogas y examinacion fisica.*

Signature/*Firma* _____ Date/*Fecha*:_____

07/23/2002

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **JTW Contracting Corporation**, I authorize JTW Contracting Corporation to request a consumer and/or investigative consumer report on me for employment purposes from **Employment Check**. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Employment Check, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Employment Check does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Employment Check. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature:_____

Date:_____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

*Last Name:*_____ *First Name:*_____ *Middle:*_____

Other Names Used _____ Years Used_____

Current Address:_____

Street /P. O. Box City State Zip Code County Dates

*Former Address:*_____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____*Gender_____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report **YES:** ☐ **NO** ☐

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Employment Check. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

EMPLOYEE SELF-IDENTIFICATION FORM

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable law, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported on the EEO-1 Report, data will not identify any specific individual.

Name:_____ Position:_____

☐ Male ☐ Female

Please answer the following question(s) regarding ethnicity/race:

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

☐ Yes ☐ No

If you answered "Yes" to the above question, please turn in the form, you do not need to answer the next question. If you answered "No" to the above question, please answer the next question.

Please identify your race:

☐ White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (Not Hispanic or Latino) – A Person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Vietnam.

☐ American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the five races.